



State of Michigan  
Department of Labor & Economic Growth  
**UNEMPLOYMENT INSURANCE AGENCY**  
www.michigan.gov/uia



Authorized by  
MCL 421.1, et seq.  
Completion of this  
form is voluntary.

## EMPLOYER APPLICATION FOR DETERMINATION OF EMPLOYMENT STATUS

**For Calendar Year(s)** \_\_\_\_\_

**Case Number** \_\_\_\_\_

Return this form to: \_\_\_\_\_  
(UIA employee name)

**Date** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

*Type or Print Your Answers Clearly*

|   |                   |
|---|-------------------|
| <b>UIA Employer Account Number</b> _____          | <b>FEIN</b> _____ |
| <b>Business name</b> _____                        | <b>DBA</b> _____  |
| <b>Business Address</b> _____                     |                   |
| <b>Telephone Number (include area code)</b> _____ |                   |

IF INFORMATION FURNISHED ON THIS REPORT IS USED TO DETERMINE EMPLOYMENT STATUS UNDER SECTION 42 OF THE MICHIGAN EMPLOYMENT SECURITY ACT (MCL 421.42). FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN A DETERMINATION BEING MADE WITHOUT YOUR PARTICIPATION.

1. Provide the name, Social Security Number, address, telephone number and Federal Employer Identification Number (FEIN) (if applicable) of the individual(s) on whose status this ruling is requested: *[Attach additional sheet(s), if necessary.]*
2. Complete a separate Form UIA 1015 for each individual alleged to be an independent contractor, unless the work relationship between the applicant and two or more such individuals is identical.

| Name | Social Security Number | Address | Telephone Number | FEIN |
|------|------------------------|---------|------------------|------|
|      |                        |         |                  |      |
|      |                        |         |                  |      |
|      |                        |         |                  |      |
|      |                        |         |                  |      |
|      |                        |         |                  |      |
|      |                        |         |                  |      |
|      |                        |         |                  |      |

3. Attach copies of all written agreements, manuals of instruction, statements of rules or policies required to be followed by such individuals and copies of such rulings made by other governmental agencies with respect to the services in question.
4. Attach a letter supplementing your answers, if necessary, in order to disclose full particulars of the service in question.

**Answer each question completely.**

1. Has a previous ruling been made regarding the employment status of this individual? ..... YES ☐ NO ☐  
*If YES, who issued the ruling and when was the ruling issued?* \_\_\_\_\_
2. What is the nature of your business? \_\_\_\_\_
3. What is the nature of the individual's business? \_\_\_\_\_
4. What method do you normally use to obtain an individual to perform this type of service? \_\_\_\_\_  
\_\_\_\_\_
5. What services does the individual perform for you? \_\_\_\_\_
6. Are services performed at your place or places of business? ..... YES ☐ NO ☐  
*If NO, do you in any way control the premises at which the services are performed? ..... YES ☐ NO ☐*  
*Explain* \_\_\_\_\_
7. Is the agreement for the performance of services ..... Written ☐ Oral ☐ or Both ☐  
*(If agreement is in writing, attach a copy.)*
8. Does the individual normally perform similar services for others? ..... YES ☐ NO ☐  
*Explain* \_\_\_\_\_  
\_\_\_\_\_
9. Do you have acknowledged employees who perform similar services for  
you during the business day? ..... YES ☐ NO ☐  
*If YES, indicate the principal difference(s) in the acknowledged services and the services in question:* \_\_\_\_\_  
\_\_\_\_\_
10. Does the individual submit bills or invoices to you for services performed? ..... YES ☐ NO ☐
11. Can the services be terminated by either the individual or you at any time? ..... YES ☐ NO ☐  
*Explain* \_\_\_\_\_
12. Do you furnish any equipment, tools, materials and/or supplies to the  
individual to perform this service? ..... YES ☐ NO ☐  
*Explain* \_\_\_\_\_
13. What equipment, tools, materials and/or supplies did the individual provide? \_\_\_\_\_  
\_\_\_\_\_
14. Do you reimburse the individual for expenses incurred in the performance of these services? YES ☐ NO ☐  
*If YES, explain your answer* \_\_\_\_\_
15. Do you have any right to determine the time services are performed? ..... YES ☐ NO ☐
16. Do you have any right to prescribe the hours during  
which the individual will perform this service? ..... YES ☐ NO ☐
17. Do you keep records of the hours the individual(s) worked? ..... YES ☐ NO ☐
18. How is the individual's time reported? ..... Time clock ☐ Sign-in sheet ☐ Other ☐  
*If other, explain* \_\_\_\_\_
19. Do you have any right to direct, control or supervise the way services are performed? ..... YES ☐ NO ☐
20. Does someone supervise the work? ..... YES ☐ NO ☐
21. Is the individual required to notify you when taking vacation or sick time? ..... YES ☐ NO ☐
22. Is the individual required to notify you when unable to work? ..... YES ☐ NO ☐

23. Can the individual hire assistants? ..... YES ☐ NO ☐  
*If YES, answer A through E. If NO, go to #24.*
- A. Are the hirings subject to your approval? ..... YES ☐ NO ☐
- B. Do you determine the hours the assistants work? ..... YES ☐ NO ☐
- C. Do you have the right to direct or control the assistants in the performance of their service? ..... YES ☐ NO ☐
- D. Do you maintain or receive a report of the assistants' earnings? ..... YES ☐ NO ☐
- E. Do you have the right to discharge the assistants? ..... YES ☐ NO ☐
24. Do the individual's name and/or the assistant's name appear on your payroll? ..... YES ☐ NO ☐  
*If NO, how are such disbursements shown on your records? \_\_\_\_\_*
25. How is the individual's pay determined? \_\_\_\_\_
26. Was the individual's work reviewed for satisfactory performance? ..... YES ☐ NO ☐
27. Do you deduct state, federal, social security and medicare taxes on the individual? ..... YES ☐ NO ☐
28. Do you issue the individual a W-2? ..... YES ☐ NO ☐
29. Do you issue the individual a 1099? ..... YES ☐ NO ☐
30. Do you qualify as an "employer" under the Federal Unemployment Tax Act? ..... YES ☐ NO ☐
31. Are the individual and/or the assistant(s) covered under an agreement  
between you and a labor union? ..... YES ☐ NO ☐  
*If YES, indicate the name of the union \_\_\_\_\_*  
*Does the agreement cover: (check all that apply) Rate of pay ☐ Hours of work ☐ Seniority rights ☐*  
*Vacation or bonus pay ☐ Working conditions ☐ Other (explain) \_\_\_\_\_*
32. Do you carry Michigan Workers' Disability Compensation Insurance on the individual in question? YES ☐ NO ☐  
*If YES, indicate method adopted to provide for payment of compensation: Employee ☐ Insurance ☐*
33. Have you ever been held (in a court action) responsible for the representation or for the acts of  
negligence of an individual or assistant(s) in the performance of similar service? ..... YES ☐ NO ☐  
*If YES, explain \_\_\_\_\_*
34. Did the individual receive any benefits: e.g., health insurance, sick pay, vacation pay, etc? ..... YES ☐ NO ☐
35. Does the individual maintain his/her own place of business? ..... YES ☐ NO ☐
36. Is the individual advertised or listed in the telephone or other directories as being in such business  
and available to the general public? ..... YES ☐ NO ☐
37. **Additional Comments:** *(In the space below, you may provide any additional information you feel would be beneficial  
in determining the employment status. Use reverse side if necessary.)*
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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### CERTIFICATION

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I hereby certify that the statements made above are true and complete to the best of my knowledge and belief.  
A Power of Attorney must accompany this form, if signed by other than business owner or officer.

\_\_\_\_\_  
Name of Person Completing Form *(please print)*

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date

DLEG is an Equal Opportunity Employer and complies with the Americans with Disabilities Act.